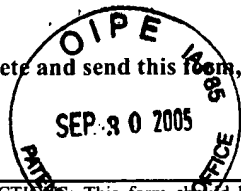


10-03-05
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Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
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07278 7590 06/30/2005

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| (Depositor's name) |
| (Signature) |
| (Date) |

| | | | | | |
|-----------------|------------|-----------------|----------------------|---------------------|------------------|
| APPLICATION NO. | FILED DATE | SIGNATURE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/623,378 | 07/18/2003 | Jay D. Kranzler | Jay D. Kranzler | CYPR 100 CIP DIV | 3207 |

TITLE OF INVENTION: METHODS OF TREATING FIBROMYALGIA SYNDROME, CHRONIC FATIGUE SYNDROME AND PAIN

10/03/2005 H8UTEM2 00000001 10623378

| | | | | | |
|------------|----------------|-----------------------|-----------|-----------------|------------------|
| 01 FC:1501 | 1400.00 OP | | | | |
| 02 FC:1504 | APPLN. TYPE | SMALL ENTITY DISCOUNT | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE |
| | nonprovisional | YES | \$700 | \$300 | \$1000 |
| | | | | | DATE DUE |
| | | | | | 09/30/2005 |

| | | |
|---------------|----------|----------------|
| EXAMINER | ART UNIT | CLASS-SUBCLASS |
| COOK, REBECCA | 1614 | 514-620000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 Darby & Darby
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cypress Bioscience, Inc.

San Diego, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☒ Publication Fee (No small entity discount permitted)
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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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Date 9-30-05

Typed or printed name S. Peter Ludwig

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